# First Excess B.A.C. 0.08 Driving Offenses, Effective 1/1/09

### CALL DRIVER SERVICES AT 303.205.5613 TO CONFIRM YOUR REQUIREMENTS

**REVOCATION:** Your first episode of driving with a B.A.C. of 0.08 or greater results in a 9-month revocation.

- The revocation remains in effect until you complete the reinstatement process.
- ALL Excess B.A.C. reinstatements are processed by mail. You should begin the reinstatement process approximately 1 month before you expect to reinstate.
- If you were 21 or older at the time of the violation and have no other unsatisfied license restraints, you may reinstate after only 1 month of revocation provided you install an Ignition Interlock Device (Interlock) in every vehicle you own or may drive.
- If your B.A.C. was below 0.17, you reinstate early, drive only an Interlock vehicle and do not have any B.A.C. when you drive, you may be eligible for an unrestricted license after 4 continuous months of successful driving.

### REINSTATEMENT (9-month revocation): You must

- 1. provide an SR22 from your insurance company and maintain it for 9 months following reinstatement (3 years if you were involved in an accident);
- 2. complete an Alcohol Certification, Form DR2598;
- 3. complete an Application for Reinstatement, DR2870; and,
- 4. mail the SR22, the Alcohol Certification and the Application along with your personal check or money order for \$95 to the address provided on the Application.

**EARLY REINSTATEMENT** (1-month revocation plus 8-month Interlock): In addition to items 1-4, you must maintain the SR22 for a minimum of 3 years regardless of whether there was an accident and

- 5. have an Interlock installed in every vehicle you either own or may drive (call any provider for appt.);
  - include the notarized Restricted License Ignition Interlock Agreement Affidavit, DR2058, and
  - include a signed copy of each interlock lease agreement and each installation certificate.

**HIGH B.A.C. OFFENDER**: In addition to items 1, 3 & 4 (and 5 if you reinstate early), if your B.A.C. was 0.17 or more, whether or not you reinstate early, you must

- 6. enroll in and complete Level II Alcohol Education and Therapy;
  - include the Affidavit of Enrollment, DR 2643. (Omit Item 2 above.)
- 7. have an Interlock restricted license for at least 2 years following reinstatement.

Please allow 3 weeks for processing once you mail in your Application with ALL required documents. Once your Application is processed, you will receive a Letter of Clearance. You MUST then apply for a License at any Colorado Driver License Office. For further assistance, call Driver Services at 303.205.5613.

# **COLORADO'S ONLY AUTHORIZED INTERLOCK PROVIDERS**

 Smart Start
 National
 CST Intoxalock
 Draeger
 Guardian

 800-880-3394
 800-475-5490
 877-777-5020
 800-332-6858
 800-499-0994

While your privilege to drive is Interlock restricted:

- Your Interlock restriction may be extended if you on 3 or more occasions drink ANY alcohol before you
  attempt to drive—even if you drink the night before you attempt to drive.
- Your privilege to drive will be revoked for at least 1 year if even once you drive a non-equipped vehicle
  or try to circumvent or bypass the Interlock under any circumstances.

For more information and to download forms, go to www.colorado.gov/revenue/dmv.

DR 2870 (05/20/10)
COLORADO DEPARTMENT OF REVENUE
DRIVER CONTROL/REINSTATEMENTS
P.O. BOX 173345
DENVER, CO 80217-3345

## APPLICATION FOR REINSTATEMENT

(PLEASE PRINT OR TYPE)

Complete the required information below.\*

If unsure of your specific reinstatement requirements call Customer Service at 303-205-5613.

Allow 20 business days for processing.

Once you have completed all the requirements, return this entire form with payment and all required documents to:

### COLORADO DEPARTMENT OF REVENUE DRIVER CONTROL REINSTATEMENT P.O. BOX 173345 DENVER, CO 80217-3345

Reinstatement fee \$95.00. Make your check or money order payable to "Department of Revenue."

Do not send any more or any less than \$95.00. Do not send cash.

*First Name (Printed)	*Middle Name	*Last Name			
*Date of Birth		Colorado License/ID Number (if known)			
*Mailing Address The mailing	address you provide will only be used for correspon	ndence related to your reinstatement. Use	Form 2285 for an official chan	ge of address with the D	epartment.
*City		*State	*ZiP		
Daytime Phone Number	Evening Phone Number	Email Address		Date	
f you had to get an ignition in	terlock device provide the name of the	e company:	· · · · · · · · · · · · · · · · · · ·	N.	
*Print name of person paying	for reinstatement if other than yoursel	f.			
received by the State. If converted, v	to a one time electronic banking transaction our check will not be returned. If your check is t amount directly from your bank account elec	rejected due to insufficient or uncollec	as early as the same day cted funds, the Department	Total	\$95.00

### Did you do the following?

- Find out your specific reinstatement requirements?
   For help call Customer Service at 303-205-5613.
- 2. Include all documents needed to process your reinstatement?
- 3. Complete all required information on the application?
- 4. Include your check or money order for \$95?
- Please include your Colorado license or ID number on your payment (if known).

A cancelled check does not mean your reinstatement is complete. We will mail you a Letter of Clearance when your reinstatement is complete. After reinstatement you may be required to apply for a new license. If a written and/or drive test is needed you must go to a full service Driver's License office. Check our web site for locations.

www.colorado.gov/revenue/dmv

Liability 6621 \$60.00 6622 \$35.00

DR 2643 (07/25/06)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL
(303) 205-5613

# AFFIDAVIT OF ENROLLMENT LEVEL II DRUG AND ALCOHOL EDUCATION AND TREATMENT

Name	Date of Birth		Colorado PIN	
Date of Admission	te of Admission Agency Name		Agency ID	
Track Assigned		Estimated Date of Completion		
Signature of Authorized Staff Member		Date		
and treatment program. It with the terms of such programs and denial to rea	inderstand that the agency rogram and that a report	providing this sen of noncomplianc accessful complet	plete a Level II alcohol and drug education vice is required to report any noncompliance e may result in cancellation of my driver's ion of a licensed education and treatmen met.	
If notice of noncompliar agency listed above, one	ice is received by the Di of the following docume	vision of Motor \ nts must also be r	Vehicles - Driver Control Section from the received within 20 days.	
<ul><li>If notice of noncompliar agency listed above, one</li><li>Notice from that agency</li></ul>	of the following docume	nts must also be r	received within 20 days.	
<ul><li>agency listed above, one</li><li>Notice from that agency</li></ul>	of the following docume that the terms and condi- mary indicating successfu	nts must also be i	received within 20 days.	
<ul> <li>Notice from that agency</li> <li>A discharge referral sum</li> </ul>	of the following docume that the terms and condimary indicating successfutove.	nts must also be nitions of the prog	received <i>within 20 days</i> .  ram are now being met.  Level II education and treatment progran	
<ul> <li>Notice from that agency</li> <li>A discharge referral sumfrom the agency listed all</li> <li>A new Affidavit of Enroll</li> </ul>	of the following docume that the terms and condimary indicating successfutove.  ment indicating admission	nts must also be intions of the progulations of the progulation of a completion of a completion of a completion to another lice	received <i>within 20 days</i> .  ram are now being met.  Level II education and treatment progran	

THIS SECTION TO BE RETAINED IN THE RECORDS OF THE AGENCY PROVIDING LEVEL II EDUCATION AND TREATMENT PROGRAM					
Client Name		Date of Birth			
Track Assigned	Estimated Date of Completion	Colorado PIN			

Pursuant to §42-2-144, C.R.S. the following information must be forwarded to the Division of Motor Vehicles, Driver Control Section regarding this client.

- Report of noncompliance with the terms and conditions of this program within 5 days of occurrence.
- Report of completion of program with a discharge referral summary showing: admission date, discharge date, and indicating successful completion of track assigned - not more than 20 days following completion date.
- Report of compliance with terms and conditions of program quarterly.

DR 2058 (05/27/10)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL SECTION

# RESTRICTED LICENSE IGNITION INTERLOCK AGREEMENT AFFIDAVIT

Name			CO PIN				
Address							
City							
City			State	ZIP			
As a condition of my reinstatement, pursuant to §42-2-132, C.R.S., I hereby certify that:							
1.	1. I have obtained a signed lease agreement for the installation and use of an approved ignition interlock device as defined in section §42-2-132.5 (6), C.R.S.						
2.	2. I understand and agree that I must obtain and hold an Interlock Restricted driver license/permit for the entire period of the ignition interlock restriction. The Restricted license/permit must be issued within 20 days of reinstatement or I will be required to obtain a new lease agreement from the interlock provider and have the interlock device in my car for additional time.						
3.	. I have obtained such an agreement for each vehicle on which my name appears as owner or co-owner and any other vehicle I may have access to drive during the restricted license period.						
4.	4. I understand that to do an early reinstatement with the ignition interlock device, I must be a Colorado resident and must remain a Colorado resident for the period of time I have a contract for the ignition interlock device. Should I become a resident of another state while I am still completing my early reinstatement obligations, I understand that a suspension may be taken against my driving privilege according to §42-2-132.5 (5), C.R.S.						
5.	. I understand that there may be additional requirements, obligations, and restrictions imposed by the ignition interlock provider.						
6.	6. I have obtained the consent of any owner or co-owner of the ignition interlock vehicles.						
7. I understand that I will be held responsible for and my driving privilege is dependent on the proper use of the ignition interlock device regardless of who may operate the ignition interlock equipped vehicle. (See reverse side)							
	by certify that the above information of for cancellation of my driving privilege	given is true and correct and I understand the	at any false in	formation given will be			
Signatu	ure		Date				
	<del></del>	Subscribed and affirmed, or sworn to before	me this				
		day of	, 2				
		In the County of		· · · · · · · · · · · · · · · · · · ·			
		State of					
		Notary Signature					
		Commission Expiration Date					
	<del></del>						

# MANDATORY OR VOLUNTARY RESTRICTED LICENSES FOLLOWING ALCOHOL CONVICTION

### IN ACCORDANCE WITH §42-2-132.5, C.R.S., YOU MUST NOW COMPLY WITH THE FOLLOWING:

You must apply for, and hold, a license or permit, restricted to the use of an approved ignition interlock device, for the entire period of the license restriction, even if you do not intend to drive after your privilege is restored.

You will be required to qualify for this license by passing a written and basic drive test. If your driving privilege was restored by providing an Affidavit of Non-Ownership, the basic drive test will be *postponed* until your renewal to a non-restricted license, or until you have a vehicle equipped with an approved interlock device.

You must apply and receive your ignition interlock restricted license within 20 days of reinstatement.

### PLEASE BE ADVISED OF THE FOLLOWING:

During the period of license restriction (ignition interlock) you may only operate a motor vehicle equipped with an approved interlock device:

As a condition of your reinstatement you have agreed to install an interlock device in all motor vehicles you own, co own or have access to. If you are contacted operating any other vehicle during the period of license restriction (ignition interlock), or if any interlock device is bypassed or otherwise tampered with, you will be subject to immediate revocation of driving privilege. A violation of this license restriction is a class 1 traffic misdemeanor.

If your driving privilege was restored by providing an Affidavit of Non-Ownership, and you become an owner, coowner or otherwise have access to a vehicle, you must obtain a signed lease agreement for the installation and use of an approved ignition interlock device as defined in 42-2-132.5 (6), C.R.S. for a period equal to the remaining period of the restricted (ignition interlock) license.

## Your period of license restriction (ignition interlock) may be extended:

Data from your interlock device will be collected and forwarded to Driver Control regularly. The Department is authorized to extend your period of license restriction if attempts to operate the vehicle following alcohol consumption are reported. Failure to comply with an extended license restriction (ignition interlock), if ordered, or termination of any lease agreement before the end of the restricted licensing period will subject your driving privilege to an indefinite suspension.

### When the period of license restriction (ignition interlock) has expired:

Your restricted (ignition interlock) license will be issued to expire 20 days after the interlock requirement is over. You may apply for a non-restricted license any time after the last day of *your interlock requirement*. Please apply for renewal to a non-restricted license (ignition interlock device no longer required) before having ignition interlock device removed from your vehicle(s).